



DEPARTMENT OF THE NAVY
COMMANDER NAVY REGION SOUTHWEST
937 NO. HARBOR DR.
SAN DIEGO, CA 92132-0058

IN REPLY REFER TO :

COMNAVREGSWINST 12410.1D
N04HD

02 JUN 2005

COMNAVREGSW INSTRUCTION 12410.1D

Subj: TUITION REIMBURSEMENT PROGRAM

Ref: (a) 5 CFR 410
(b) CPI 410
(c) 5 U.S.C. 4107 (b)

Encl: (1) Navy Region, Southwest Application for Tuition
Reimbursement, NRSW Form 12410/2
(2) Claim for Reimbursement for Expenditure on Official
Business, SF-1164
(3) ATOS Personnel Information/EFT Payment Election Form
Information Sheet (HRO-OP-02/02)

1. Purpose. To publish policy, guidance and procedures for reimbursement of costs for employees enrolled in mission-related college courses.

2. Cancellation. COMNAVREGSWINST 12410.1C.

3. Discussion

a. The policy of this command is to encourage employees to participate in self-development activities that will in turn increase their effectiveness to the region. Depending on the availability of funds, tuition for courses that are mission-related will be considered for reimbursement. References (a) and (b) prohibit tuition reimbursement solely for the purpose of an employee acquiring a degree, but if an employee receives a degree from taking such courses, this may be considered an incidental by-product of the education.

b. The Program Manager may provide reimbursement for the costs of any training, not otherwise allowable, to assist in the recruitment or retention of employees in occupations in which the Government has or anticipates a shortage of qualified personnel, especially in occupations involving critical skills as stated in reference (c).

4. Eligibility. The following requirements are necessary to be eligible for reimbursement:

COMNAVREGSWINST 12410.1D

02 JUN 2005

- a. Applicant must be a career or career-conditional employee of Commander, Navy Region Southwest (CNRSW).
- b. Course(s) must be mission-related and from an accredited institute of higher learning.
- c. Course(s) must be approved in advance of start date. Failure to obtain prior approval will result in the denial of payment.
- d. Course(s) must be completed with official evidence of a grade of "C" or better, or "Credit" or "Satisfactory" (when letter grades are not available in a program's grading system).
- e. Course(s) must be taken for academic credit where credit is available.
- f. Employees receiving benefits from other sources (GI Bill, Cal-Vet, Korean War Orphans, Grants, scholarships, etc.) that constitute 100 percent of course expenses are not eligible for additional reimbursement through Navy funding.
- g. Employees are encouraged to enroll in the most reasonably priced course(s) available for a given subject.
- h. No reimbursement will be allowed for courses conducted by any non-government facility that discriminates because of race, religion, color, sex, national origin, age or disability in the administration or subsequent treatment of students.
- i. A maximum amount paid for reimbursement of tuition per student per fiscal year and for the purchase or rental cost of required textbooks will be determined at the discretion of the Program Manager. Related fees such as supplies, parking, student unions, health fees and deferred billing charges are not reimbursable.
- j. Each Program Manager will be responsible for managing funds available for tuition reimbursement and ensuring employees have an equal opportunity to participate in the Tuition Reimbursement Program.

02 JUN 2005

5. Procedures

a. To receive reimbursement, the employee must complete the Tuition Reimbursement Form, enclosure (1), and obtain the supervisor's approval and signature. The supervisor supplies a written justification that the course is mission-related and within the scope of the employee's official position.

b. The Tuition Reimbursement form is submitted to the Program Manager for approval and signature. The Program Manager determines the amount authorized for reimbursement from the program budget and approves. The Program Manager sends the signed Tuition Reimbursement form to the Training Coordinator.

c. The Training Coordinator will certify that the training meets Navy regulatory requirements and assure the appropriate signatures are on application form.

d. The Training Coordinator will notify the employee and the supervisor that the training is approved.

e. Upon completion of course(s), the employee must submit the following:

(1) A SF-1164, Claim for Reimbursement for Expenditure on Official Business, enclosure (2). The SF-1164 must have original signatures.

(2) An official grade transcript from the school.

(3) Original receipts.

f. The Fast Data Site Operator provides a job order number and line of accounting for the SF-1164 and commits funds into Fast Data. The Fast Data Site Operator provides a copy of the SF-1164, student's official grades, receipts and application form to their PMSO for signature in blocks 8 and 9. The Fast Data Site Operator retains a copy of the SF-1164 and returns original forms to the Training Coordinator.

g. The Program Manager or designee will determine and certify payment approval. The Fast Data Site Operator or Training Coordinator will forward the approved SF-1164, grades and receipts, to DFAS OPLOC San Diego, P.O. Box 429100, San Diego, Ca 92142-1900.

COMNAVREGSWINST 12410.1D

02 JUN 2005

If this is an initial claim through Defense Financial Assistance System (DFAS), the employee needs to include an ATOS/EFT information form, enclosure (3).

h. The Training Coordinator will input completed training into the Defense Civilian Personnel Data System (DCPDS) using the Excel Spreadsheet that is provided on <http://www.donhr.navy.mil/employees/trainingsupport.asp>.

6. Forms

a. Application for Tuition Reimbursement (CNRSW Form 12410/2).

b. Claim for Reimbursement for Expenditure on Official Business (SF-1164).

c. ATOS/EFT Information Sheet (HRO-OP-02/02).

The above forms are available by contacting the CNRSW Human Resources Office, Employee Development, Code N04HD.



M. R. ALLEN
Chief of Staff

Distribution:
ALL COMNAVREGSW

02 JUN 2005

NAVY REGION, SOUTHWEST APPLICATION FOR TUITION REIMBURSEMENT

1. NAME:		2. SSN:		3. DATE OF APPLICATION:	
4. POSITION TITLE:		5. SERIES/GRADE:	6. DEPT/CODE:		7. PHONE NUMBER:
8. COURSE TITLE:		9. COURSE NUMBER:	10. COST (TUITION):		11. COST (BOOKS):
12. SCHOOL NAME:		13. START DATE:	14. END DATE:		15. UNITS:
16. SCHOOL ADDRESS:		17. SCHOOL CITY/STATE/ZIP CODE:		18. SCHOOL PHONE NUMBER:	19. SCHOOL FAX NUMBER:

20. STATEMENT OF COURSE CONTENT (OR PROVIDE COPY OF COURSE DESCRIPTION FROM COURSE CATALOG):

APPLICANT'S DISCLOSURE STATEMENT

21. (a) I am _____/am not _____ (please check one) receiving additional supplemental educational assistance in the amount of \$ _____ (for example: scholarship(s), GI Bill, Korean War Orphans, etc.) (b) I have _____/_____ have not previously received tuition assistance from this program in the amount of \$ _____ Date _____.

22. APPLICANT'S SIGNATURE:

23. DATE:

TO BE COMPLETED BY APPLICANT'S IMMEDIATE SUPERVISOR

24. How does training relate to applicant's current official position/duties:

25. JOB ORDER NUMBER/LINE OF ACCOUNTING:

26. STANDARD DOCUMENT NUMBER:

27. IMMEDIATE SUPERVISOR'S SIGNATURE/TITLE:

APPROVED

NOT APPROVED*

DATE:

28. PROGRAM MANAGER:

APPROVED

NOT APPROVED*

DATE:

0 2 JUN 2005

**TUITION REIMBURSEMENT PROGRAM
(NAVY REGION, SOUTHWEST)**

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE: Information is obtained to identify personnel requesting assistance in reimbursement of tuition expenses.

ROUTINE USE: Information provided in the form, when compared with information known to or normally in the possession of an individual, is used in determining whether or not an individual is who he purports to be. The information may be disclosed to all those charged at the activity with making the foregoing determination.

DISCLOSURE: (Mandatory or voluntary; consequences, etc.): Completion of NRSW Form 12410/2, including the disclosure of your Social Security Number is voluntary. Failure on your part, however, to answer all questions, or any misrepresentation (by omission or concealment, or by misleading, false, or partial answers), may serve as a basis for denial of reimbursement of tuition.

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. Department of Establishment. Bureau, Division or Office	2. VOUCHER NUMBER	
		3. SCHEDULE NUMBER	
Read the Privacy Act Statement on the back of this form.		5. PAID BY	
4.	a. NAME (Last, first, middle initial)		b. SOCIAL SECURITY NO.
	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NUMBER

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

[illegible]

If additional space is required continue on the back.

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ \$

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT
SIGN HERE

DATE

APPROVING
OFFICIAL
SIGN HERE

DATE _____

9. This claim is certified correct and proper for payment.

Sign Original Only

**AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE**

DATE _____

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT	
\$	

12. PAYMENT MADE
BY CHECK NO.

ACCOUNTING CLASSIFICATION

PERSONNEL INFORMATION SHEET

ATOS PERSONNEL INFORMATION

Before travel order processing can begin, the traveller's personal information must be entered into the personnel databases. Once data has been entered, you can print a travel order. You must enter the traveller's Social Security Number (SSN).

UIC:

SSN:	
LAST NAME:	
FIRST NAME:	
WORK PHONE NUMBER:	
GRADE:	
GS/SERIES:	
JOB TITLE:	
COMMAND ADDRESS 1:	
COMMAND ADDRESS 2:	
CITY:	
STATE:	
ZIP+4:	
TRAVELLER'S DEPT/DIVISION:	
SECURITY CLEARANCE: (CHECK ONE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
FREQUENT TRAVELLER: (CHECK ONE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
TRAVEL CARDHOLDER: (CHECK ONE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
REQUESTING OFFICIAL'S NAME:	
APPROVING OFFICIAL'S NAME:	

LEFT PAYMENT INFORMATION

SSN:	
LAST NAME:	
FIRST NAME:	
GRADE:	
COMMAND:	HUMAN RESOURCES OFFICE, COMNAVREGSW
COMMAND'S UIC:	00242
BANK ACCOUNT NUMBER:	
BANK ROUTING NUMBER:	
TYPE OF ACCOUNT: (CHECK ONE)	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

PRIVACY ACT STATEMENT

The data contained herein is protected by the privacy act of 1974. All measures required to protect this form should be taken.